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COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 3765

SERIAL NUMBER 09/663,329	FILING DATE 09/18/2000  RULE	CLASS 434	GROUP ART UNIT 3712	ATTORNEY DOCKET NO. CRT/11842
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## APPLICANTS

Ronni S. Sterns, Akron, OH;

Harvey L. Sterns, Akron, OH;

Anthony Sterns, Akron, OH; Charles A. Nelson, Akron, OH;

Vincent Antenucci, Wadsworth, OH;

Cameron J. Camp III, Solon, OH;

Kent W. Murphy, Wooster, OH;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 11/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

007609

RANKIN, HILL, PORTER &amp; CLARK, LLP

925 EUCLID AVENUE, SUITE 700

CLEVELAND, OH

44115-1405

## TITLE

Phonetic transliteration card display

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )



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<b>SERIAL NUMBER</b> 09/663,329	<b>FILING DATE</b> 09/18/2000 <b>RULE</b> -	<b>CLASS</b> 434	<b>GROUP ART UNIT</b> 3713	<b>ATTORNEY DOCKET NO.</b> CRT/11842
<b>APPLICANTS</b> Ronni S. Sterns, Akron, OH ; Harvey L. Sterns, Akron, OH ; Anthony Sterns, Akron, OH ; Charles A. Nelson, Akron, OH ; Vincent Antenucci, Wadsworth, OH ; Cameron J. Camp III, Solon, OH ; Kent W. Murphy, Wooster, OH ;				
<b>** CONTINUING DATA *****</b> IF				
<b>** FOREIGN APPLICATIONS *****</b> IF				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/11/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/>		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 19
Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 007609				
<b>TITLE</b> Phonetic transliteration card display				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	